#### MARYLAND HEALTH CARE COMMISSION

# Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

### August 26, 2009

#### **Committee Members Present**

Sara E. Cosgrove, MD, MS
Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Maria E. Eckart, RN, BSN, CIC
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Lynne V. Karanfil, RN, MA, CIC
William Minogue, MD
Peggy A. Pass, RN, BSN, MS, CIC (via telephone)
Eli Perencevich, MD, MS (via telephone)

#### **Committee Members Absent**

Beverly Collins, MD, MBA, MS Anthony Harris, MD, MPH Andrea Hyatt Carol Payne Michael Anne Preas, RN, BSN, CIC Brenda Roup, PhD, RN, CIC

#### **Public Attendance**

Jack Schwartz, Esq.

Katie Passaretti, MD- Johns Hopkins Hospital (via telephone) Polly Ristaino, MS, CIC- Johns Hopkins Hospital (via telephone) Nicole Stallings, Department of Health and Mental Hygiene (via telephone)

#### **Commission Staff**

Pam Barclay Theressa Lee Eileen Hederman Carol Christmyer Suellen Wideman

### 1. Welcome and Introductions

Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m and stated all who were present in person and on the phone.

#### 2. Review of Previous Meeting Summary (July 22, 2009)

There were no changes to the previous meeting summary.

# 3. Review and Discussion: Report and Recommendations on Implementation of Statewide Hand Hygiene Campaign (Draft 8/21/09)

Ms. Barclay stated the Hand Hygiene Subcommittee met by conference call several times to discuss this campaign. She said the Governor's Health Quality and Cost Council asked the committee for recommendations on the implementation of a statewide Hand Hygiene Campaign by Monday, August 31<sup>st</sup>. Ms. Barclay summarized where the discussions ended at the last conference call, including the need to move forward quickly, use of approaches already in place that work, and identification of non-negotiable aspects to any hospital hand hygiene program.

Dr. Cosgrove suggested splitting recommendation 1 into two separate recommendations to emphasize that the program should be under Infection Prevention (IP) staff control and supervision. Non-IP staff should conduct the observations. Ms. Karanfil said using IP staff to monitor may work in some sites and a bias may be introduced if HCWs are observing their own units for compliance. Dr. Cosgrove said an optimal program should be distinguished from a program designed to provide standardized data reporting requirement to the state. Ms. Fuss noted that there are costs associated with the implementation of a hand hygiene campaign. Ms. Ristaino explained that Hopkins moves observers to different units to prevent the inflation of compliance rates. Ms. Fuss said that still takes nurses away from their normal duties and would cost the hospital. She also stated if this information will be publicly reported, all hospitals should be using the same tool and implementing the program the same way. Dr. Cosgrove said any hand hygiene program will be resource intensive. Ms. Pass added that part of the issue with this initiative is the measuring piece which increases cost in training and assuring all hospitals are measuring the same. Mr. Schwartz suggested only comparing hospitals that are using the same method. Ms. Barclay said this data will not be publicly reported right now because the data is not ready, but some kind of reporting must be initiated. She said the Maryland Patient Safety Center will most likely implement this initiative and the committee will provide the framework.

Ms. Karanfil said recommendation 5 which states the need for public education on hand washing should be moved to recommendation 1 to show its importance. She also suggested product volume measurement as a place to start data collection. Ms. Daley said the group had suggested using the standards in the NHSN MDRO module as the minimum which has only after patient contact as the measure. She also suggested that other infectious diseases such as MRSA should be identified in this report, not just influenza H1N1. Dr. Minogue stated the H1N1 threat can help focus hand hygiene in the state. Ms. Karanfil said a standard number of observations should be included. Ms. Fuss said the most accurate data is reported after patient contact. She said education still needs to happen to stress hand hygiene before and after patient contact.

Dr. Cosgrove said an optimal hand hygiene program is different from a minimum requirement for measuring hand hygiene. Ms. Fuss said monitoring should happen on all shifts. Ms. Pass asked if the data would be validated as the CLABSI data will be validated. Ms. Lee said the data may not be comparable since hospitals may have different programs in place and monitoring different encounters. Ms. Karanfil said a minimum standard is needed across all hospitals. Dr. Cosgrove suggested starting with after patient contact and having a tiered data collection for future implementation. Ms. Barclay said an optimal program description will be added to the report. Dr. Cosgrove said a minimum number of units to be reported should be included. Ms. Barclay said the NHSN hospital units could be used. Ms. Eckart said a focus should also be on monitoring ancillary care providers, not just health care workers. Ms. Barclay said this report should set-up a framework that other groups can work on and provide the specifics. Ms. Daley stated NHSN has a minimum observation number of 30 per unit per month. Mr. Schwartz recommended that the language does not discourage hospitals from continuing their current efforts as long as they meet the minimum standard. Ms. Barclay stated she will revise the report and send it to the committee tomorrow. The report will be finalized and sent to the Governor's Council on Monday, August 31st.

# 4. Review and Discussion: Characteristics of Maryland Hospital Infection Prevention and Control Programs - 2009

Ms. Barclay said a revised draft will be forthcoming. She indicated that an abstract was drafted for the SHEA conference which will also be sent to the committee for feedback soon.

# 5. <u>Review and Discussion: 2009-2010 Health Care Worker (HCW) Seasonal Influenza</u> Vaccination Survey

Ms. Barclay reviewed the new FAQ document that was updated based on new questions submitted by hospitals. Ms. Barclay said she would be meeting with representatives from both the ambulatory surgery and long term care industry about expanding the survey to those groups.

Ms. Daley asked about New York's mandatory influenza vaccination law for health care workers. Ms. Karanfil said the vaccination is mandatory as a condition of employment.

Ms. Barclay said a few hospitals have asked about declination forms and if MHCC has a standard form that they should use. A few committee members offered to send their declination forms to MHCC.

## 6. Other Business

Guidance from the Department of Health and Human Services on Developing a State HAI Prevention Plan (August 19, 2009 Webinar)

Ms. Barclay said a formal announcement regarding the ARRA funding awards will be made on Monday, August 31<sup>st</sup>. She noted that staff participated in a webinar on ARRA funding. Ms. Lee summarized the webinar noted that DHHS much of the time was spent on the provision of background information. She also noted that DHHS will provide a summary report to Congress on the States' five year HAI Prevention Plans. The HAI plans are due January 1, 2010 and a plan template has been provided.

AST for MRSA

Ms. Barclay reported that all but one hospital have responded to the second quarter AST for MRSA survey.

CLABSI Audit

Ms. Barclay reported that the audit contract is in place and the on-site chart review process should begin later in the year. The contractor will give a presentation on the audit plan to the committee. She said publicly reporting of CLABSI data will most likely take place early next year. Ms. Barclay also reported that the contractor is APIC Consulting and Mary Andrus will be leading the audit.

# 7. Adjournment

The meeting adjourned at approximately 2:45 p.m. The next meeting is scheduled for September 23, 2009.